

**CITY OF WOODSTOCK**  
12453 HWY 92  
WOODSTOCK, GA 30188  
PHONE: 770.592.6005

CAB COMPANY NAME: \_\_\_\_\_

**ADDITIONAL VEHICLE: PERMIT/STICKER APPLICATION**

1. Proof of insurance must be in form of declaration page for policy which must show all coverage amounts and all vehicles covered by vehicle identification number (VIN). Insurance must be in name of vehicle for hire company for each vehicle. Proof of insurance must indicate vehicle identification number, make and model of vehicle, insurance expiration date and amount of coverage. Insurance must be issued by an insurance company that is authorized to do business in the State of Georgia. **Sec. 22-197**
2. Provide completed insurance verification form (Questionnaire). This form is attached and is to be completed by your insurance agent and notarized. **Sec. 22-197**
3. Provide two pictures of EACH vehicle. One picture must clearly show that each vehicle complies with City of Woodstock Code **Section 22-179** requirements for permanent signage on outside of vehicle. Other must show rear of vehicle including readable tag number.
4. Provide current vehicle registration (current tag receipt) in company name for each vehicle.
7. Provide signed AFFIDAVIT (attached) by owner/partner/president or CEO with notary regarding safety standards. **Sec. 22-180**
8. Payment must be made within fourteen days after approval or application or license is void.

APPLICATION RECEIVED \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_

(NOTE: IF APPLICATION IS DENIED, THE DEPARTMENT DENYING THE APPLICATION MUST ATTACH WRITTEN DOCUMENTATION OF THE REASON FOR DENIAL AND FORWARD APPLICATION TO THE OCCUPATIONAL TAX CLERK.)

\_\_\_\_\_  
Business License Officer Signature      \_\_\_\_\_  
Date      ☐ Requirements met      ☐ Recommend denial

\_\_\_\_\_  
Police Signature      \_\_\_\_\_  
Date      ☐ Requirements met      ☐ Recommend denial

## CITY OF WOODSTOCK

### TAXI CAB INSPECTION CERTIFICATION

The undersigned hereby certifies that either:

\_\_\_\_\_(1) It is a dealership doing business in Georgia which is authorized to sell as new, the make of the hereinafter described vehicle.

Or

\_\_\_\_\_(2) He/She is a mechanic holding a current business license and has been a mechanic for a minimum of five (5) years. The undersigned further certifies that he/she has made a careful examination and inspection of the hereinafter described vehicle and said vehicle is in a good safe condition as of this date.

THE VEHICLE TO WHICH THIS CERTIFICATION APPLIES IS  
DESCRIBED AS FOLLOWS:

CAB COMPANY NAME\_\_\_\_\_

VEHICLE YEAR, MAKE/MODEL\_\_\_\_\_

VEHICLE IDENTIFICATION NUMBER\_\_\_\_\_

VEHICLE TAG NUMBER\_\_\_\_\_

DEALERSHIP/GARAGE CONDUCTING INSPECTION:

\_\_\_\_\_  
Dealership name or Licensed Mechanic Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED AGENT  
OR LICENSED MECHANIC

\_\_\_\_\_  
DATE

Police Department Use only:

Woodstock Police Department has inspected the vehicle pertaining to this application. In accordance with the Woodstock City Ordinances Sec. 22-180 the said Vehicle(s) appear to be acceptable for use in this business.

\_\_\_\_\_  
Officer

\_\_\_\_\_  
Comment

\_\_\_\_\_  
Date

## ADDITIONAL VEHICLE APPLICATION

<b>Vehicle Information Form</b>			
9.	Complete the requested information on each vehicle. (Use additional pages if necessary for disclosure on each vehicle.) When adding additional vehicles, please duplicate this page.		
A.	Was the vehicle permitted last year with any other municipality? If so, please state.  <div style="display: flex; justify-content: space-around;"> <span>Yes</span> <span>No</span> </div>		
B.	Make of Vehicle	Model	Year
C.	Vehicle identification number (VIN):		
D.	Color	Tag#	
E.	Indicate the maximum number of seating capacity <b>behind</b> the driver:		
F.	Is the vehicle a van?		
G.	Name of insurance company holding policy:		
Name of agent and address			
H.	Policy Number:	Expiration of Policy:	
A copy of the insurance card(s) & declaration page as proof of policy, as provided in City of Woodstock Ordinance Section 22-197, must accompany the application for each vehicle operating as a vehicle for hire for the business.			
10.	Indicate the amount of coverage on this vehicle:		
A.	\$	Per death or bodily injury per person - Expires	
B.	\$	Per death or bodily injury per occurrence – Expires	
C.	\$	Per personal property damage - Expires	
D.	\$	Per personal injury protection - Expires	
Upon approval all vehicles must be brought to the Woodstock Police Department at 103 Arnold Mill Road Woodstock, GA for the sticker to be place on the vehicle.			

Staple two photographs of vehicle below showing vehicle tag and compliance with all requirements of vehicle for hire. One picture must have view of vehicle tag for this vehicle. Tag must be readable.

**Section 22-179**



**GEORGIA, CITY OF WOODSTOCK**

I, \_\_\_\_\_ being duly sworn according to law, do swear that the facts and statements stated by me in the above and foregoing answers are true. False or fraudulent statements are not made herein and none were made in order to produce the granting of such a license.

I further certify that I will notify the City of Woodstock Business License Office of any change in management, Licensee, ownership, or any change that is required by the vehicle for hire ordinance to update.

\_\_\_\_\_

Signature of applicant/business owner

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_

Notary Public

Date

\_\_\_\_\_

Signature and title of person other than applicant filling out this application.

\_\_\_\_\_

Telephone

**ALL QUESTIONS MUST BE ANSWERED**

Received in City of Woodstock Business License Division on \_\_\_\_\_ at \_\_\_\_\_

By \_\_\_\_\_  
Business License Clerk

\_\_\_\_\_  
Date

## AFFIDAVIT

I, \_\_\_\_\_, owner, partner, president, or CEO of \_\_\_\_\_.

A vehicle for hire or taxicab business do swear or affirm that the vehicles listed in the vehicle for hire or taxicab for hire or taxicab application, vehicle sticker permit application, or renewal application, which includes all the vehicles operating for the above stated business in Cherokee County, meet or exceed the requirements and standards approved by the City of Woodstock for vehicle for hire/taxicab pursuant to the Official Code of the City of Woodstock. I further swear or affirm that all vehicles will be maintained in compliance with requirements and standards adopted pursuant to the Official Code of the City of Woodstock. I further understand that false statements made in this affidavit or vehicle for hire/taxicab application will result in denial or revocation of the license and vehicle stickers for the vehicles of the business. I also understand that failure to maintain all vehicles of the business to all requirements and standards adopted by the Official Code of the City of Woodstock will result in civil and/or criminal action against me individually and suspension, denial, or revocation of the business license and vehicle sticker permits. All statements in the affidavit are true and made this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of owner, partner, president, or CEO

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

**CITY OF WOODSTOCK BUSINESS LICENSE**

12453 HWY 92

WOODSTOCK, GA 30188

Phone: 770-592-6005; Fax: 770.926.7820

E-MAIL: TCOWLEY@WOODSTOCKGA.GOV

**INSURANCE VERIFICATION FORM**

Agent Name: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Agent Business Address: \_\_\_\_\_ Agent Business Phone: \_\_\_\_\_

Agent E-Mail Address: \_\_\_\_\_ Agent's Fax#: \_\_\_\_\_

*Please obtain the following information and documents from your insurance agent; a declaration page showing the policy number, the amounts of coverage, and beginning & expiration date of the policy. A declaration of covered vehicles identified by VIN must either be printed on the declaration page or page attached to declaration page. Declaration page must indicate that the City of Woodstock Business License Office will receive 30 days notice prior to cancellation of the policy. A copy of the policy must accompany this application.*

**YOUR INSURANCE AGENT MUST COMPLETE THE FOLLOWING QUESTIONNAIRE BEFORE WE CAN CONSIDER YOUR APPLICATION FOR A BUSINESS LICENSE AND / OR VEHICLE STICKER.**

1. How many insurance policies does this vehicle for hire company have with your agency?

\_\_\_\_\_

\*Attach a list of vehicles assigned to this business showing any Policy Number

2. Does this vehicle for hire applicant have multiple policies on any vehicle?

Yes

No

3. Give the names of any insurance company and any applicable policy number

\_\_\_\_\_

\_\_\_\_\_

4. Are all policies held by this vehicle for hire applicant, written by insurance companies authorized to conduct business in the State of Georgia?

Yes

No

If no, explain:

\_\_\_\_\_

\_\_\_\_\_



5. Is this policy or any policy currently held by this vehicle for hire applicant written under the "Surplus Line" insurance law?

Yes

No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

6. Is this a commercial insurance policy?

Yes

No

7. Has the vehicle for hire applicant been approved by the insurance company to operate as a "vehicle for hire"?

Yes

No

8. Check the following in regards to payment plan:

a. Six Month Policy (paid in advance) \_\_\_\_\_

b. One Year Policy (paid in advance) \_\_\_\_\_

c. Sixty Day Binder (coverage contingent upon monthly payments) \_\_\_\_\_

d. Other (explain) \_\_\_\_\_

9. Name the individual that pays the premium on this policy. \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, do solemnly swear that the foregoing statement is true. I understand that any falsehoods or omissions are grounds for automatic dismissal of this application. I understand that the falsification or omission of information in this statement may result in civil and/or criminal action against me individually and the insurance company that I represent.

\_\_\_\_\_  
*Signature of Insurance Agent or Authorized Representative*

Notary Public \_\_\_\_\_ Date \_\_\_\_\_